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HEALTH IN THE MELTING POT

Radio Talk

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NEW JERSEY URBAN LEAGUE

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HEALTH IN THE MELTING POT

I rode in a city bus the other day. In it were packed far too many people going home from their work. A modest little sign over a window carried the caution issued by the local Board of Health, (quote) "When bus is crowded, open one or more windows for ventilation - Preserve your Health!" (end of quotation). No one seemed to notice the message - certainly no one heeded its warning. I looked about at my fellow passengers on every side. I noticed two Italian laborers with dinner buckets and their mud-caked trousers. Near them were three Negro women with small bundles - probably domestic workers returning to their modest homes down in the warehouse district of the New Jersey town in which I live. The florid complexion, bright blue eyes and prominent jaw of my immediate neighbor suggested "The Auld Sod". Any doubts were dispelled by the rumpled remains of a shamrock which still graced his coat lapel. And there were many others - fine ladies from the suburbs returning from shopping tours or the theatre; a pair of rosy, lively adolescent sweethearts; the driver of a milk wagon; a postman. Here an efficient-looking office worker; there the department store clerk who waited upon me just yesterday. People from every stratum of society and representing many of the racial, religious and cultural groups comprising our great nation - this Melting Pot which is America. People thinking different thoughts, in different language symbols - but breathing the same, slightly stale air.

The significance of that modest sign in these surroundings struck me with great force. Here, to this cross section of the people of our city, our Board of Health was filling the role as the mouthpiece of medical science, pointing out to us the duty we owe our neighbors and ourselves, in its attempt to protect the whole population. For - if any part of the population is to be protected, it can be only through the protection of the whole population. Disease germs in that bus or elsewhere, recognize no color lines, religious prejudices nor social stratification. This is the basic promise of public health work.

In the face of mass indifference and carelessness, the health agencies have

wrought seeming miracles in disease control. These are reflected in the constantly declining death rates in nearly every communicable, or "catching" disease. Malaria and yellow fever are practically unknown in our generation. Typhoid, smallpox and diphtheria have become so rare that the appearance of a single case calls for the instant mobilization of our public health forces. Tuberculosis, the Great White Plague of the late 19th century, is gradually following in the path of these scourges of another day - but it is far from being licked yet. In the year 1900, over two hundred people in every 100,000 of the general population, died of this disease. Thirty-four years later, just a bit more than a generation, this rate has been reduced to only 57 deaths in every 100,000 population. Truly, this is a remarkable achievement and it is occurring through the untiring efforts of medical science and the gradual enlightenment of the public.

This battle against tuberculosis, just as in other plagues in the past, is not alone a battle against the disease germs which have found lodgment in the patient's body. It must be and is an unrelenting siege against the many social and economic factors favorable to disease spread. It means a fight against poverty, against slums, against unhealthful working conditions in industry. It requires protection against overcrowding, undernourishment, and unsanitary conditions in home and neighborhood. These are conditions favorable to the spread of tuberculosis.

Dublin, of the Metropolitan Life Insurance Co. has stated that tuberculosis is primarily a disease of the working class, and is shown to be more prevalent in industry than in agriculture, commerce, or in the professions. He lists the types of industries in which the highest prevalence of the disease is noted, namely; ore mills, building industry; among grinders and buffers and in stone and pottery workers; in foundries, metal, clay and glass industries; among longshoremen, porters, freight handlers, laundry workers; in the hat, textile and tobacco industries; and in slaughter and packing houses. In his report, Dublin recommends that further attacks upon tuberculosis should be concentrated upon these most seriously affected groups, in this order of their importance.

- (1) Wage earners and their dependents
- (2) Males within this group
- (3) Negroes as the most seriously affected minority group
- (4) Workers in the industries specified
- (5) Females in the age group 15 - 24 years.

The prevalence of tuberculosis among Negroes in America is known to be very high. In New York their death rate from this cause is over six times as high - in Newark, New Jersey, over seven times the rate of the white population. Several popular fallacies have been employed to account for this condition, but according to the National Tuberculosis Association, the disease among Negroes was relatively unknown in slavery days. Dr. Kahn, in an address before the New York Academy of Medicine, presented results of a study among Bush Negroes of Dutch Guiana, who are considered to be of a racial stock identical to that of the American Negro. Here he found almost complete absences of tuberculosis, thus refuting the common belief of racial pre-disposition to the disease.

Dismissing the racial angle for the moment and applying the findings of medical science to this minority group of the general population, what reasons can we find to account for the high death rate. First, the Negro represents the laboring class to a wider degree than any other group in America. The federal census for each decade in the past five, shows a larger proportion of gainfully employed Negro men and women in the census year, than is true even in the immigrant group. Secondly, the males within this group are found in the roughest, dirtiest, and lowest paid occupations, thereby increasing the hazards. Third, we find a heavy concentration of colored workers in the industries and occupations singled out by this same authority as the most hazardous. Negroes are heavily represented - and largely in unskilled capacities - in these same industries and occupations listed before. Add to these factors, the low economic status of the Negro due to employment restrictions, and the resulting concentration of this group in city slums; include the very serious handicap experienced by the Negro physician and nurse in securing clinical and hospital experience in our race-con-

scious social structure - and we have a wealth of scientific reason for this so-called racial susceptibility.

Of extreme significance was a report given by the National Tuberculosis Association in which the prevalence of tuberculosis among all workers in different occupational levels, was compared. We find that among professional workers there occurred 26 deaths in every 100,000 workers of this group. Gradual increase in the rate for proprietors, managers, clerks, skilled and semi-skilled manual workers leads us to the astounding total of 184 deaths per 100,000 among unskilled manual workers.

These figures relate to the whole population, Negro and white, native and foreignborn. It is interesting to note that the death rate for the New Jersey Negro in 1935 was 191.6 per 100,000 population - just seven points above the level for the unskilled workers of the nation.

Although we have stated that the Negro worker is represented among the gainfully occupied in greater proportion than any other group in years of prosperity only, however, - further inquiry is necessary to determine the nature and extent of such employment. Many local studies have been made by such organizations as the Urban League, where it was determined, as in New Jersey, for instance, that approximately 85% of these Negro workers were listed as semi-skilled and unskilled - were the marginal laborers doing the distasteful jobs for the lowest wages and during the shortest work year. Any specific group of people in our society subject to these economic limitations and the social restrictions which inevitably follow, will present as grave a challenge in the field of health - as we have seen in the occupational ratings just quoted.

Any efforts to concentrate an attack upon any or all of the groups designated by Dublin must of necessity include five definite approaches as a basic community pattern. These include:

- (1) Case finding - the first step depending upon the intellectual level of the family and the contact maintained with or by health agencies, Skill

in early diagnosis by the family physician is an important factor in the effectiveness of case finding:

- (2) Clinical Service - as valuable in its contribution to the physician's skill as to service for the patient. The volume and variety of cases in clinical practice equals many years of normal practices:
- (3) Field Nursing Service - of triple importance, first in case finding, second health education of the public; third, home treatment. It is only as effective as the skill, understanding interest and lack of prejudice of the nurse as an individual will permit:
- (4) Hospitalization - serves the triple purpose of providing facilities for proper treatment, permitting isolation of an infector; and presenting modern and controlled conditions under which the physician may apply and improve his skill:
- (5) General Health Education - operates upon the infected portion of the public through each of the foregoing media, but reaches the uninfected public only in such degree as public health service may develop efficient publicity technique.

The Negro public is served largely by Negro physicians who are deprived in most communities of the experiences clinic and hospital contacts afford. This particularly is true in New Jersey. Obviously, the development of skills for efficient diagnostic work is seriously retarded. Thus, efficient case findings can be realized on a large scale by permitting the Negro physician to profit by the excellent training facilities which every community of size affords the white practitioner. An interesting experiment in the Essex County, N.J. Sanatorium is attempting to meet this challenge by affording training to four Negro physicians in diagnostic work and pneumo-thorax treatment of tuberculosis. Clinical service can mean much more to the Negro public if they are able, through participation of officials and physicians of their own group, to identify themselves with the public health movement rather than feel themselves strangers or aliens in the clin-

ic. Field Nursing Service can become much more effective, in serving the dual purpose of training Negro leaders in the field of Health education, as well as permitting the racial identification with the movement.

Hospitalization forms a very prominent part in the control of tuberculosis, as stated before, first as a means of treating the victim under controlled conditions, but more important in that it permits isolation of an infector. Until sanatorium facilities are brought up to the minimum requirement of one bed for every death; until the common practice is discontinued in sanatoria - that of determining Negro admissions on a population ratio rather than on prevalence of the disease and need of the group, little change in the present rates can be expected.

The Essex County Tuberculosis League has recognized these inadequacies and has a Negro Advisory Board to assist in developing a more effective program for Negro health. The United States government, through its Public Health Service, sponsors National Negro Health Week, which we are now observing, and a year-round program for this same purpose. More and more we are seeing the wisdom of Dublin's recommendations, and these programs will reduce the present high rates.

Dr. Floyd Allen, in a paper delivered before the American Public Health Association, said: (quote) "From what information we have been able to gather, we are inclined to believe that with a favorable environment, this race can lower its morbidity and mortality rates to the point where they will compare favorable with those of the white people". (end of quotation). Although I speak as a layman, I firmly believe from evidence to be found on every hand that the state of Negro health is not a mystery. It is not the result of racial or biological predisposition. Rather, I contend that remarkable changes can be effected by the general adoption of unbiased, scientific, common-sense principles in our attack upon the problems. Good health in and for the Melting Pot, means good health for every group within its confines.